

COST/ECONOMIC IMPACT ANALYSIS

Complete this form for each BACT option in which cost and economic impacts are to be considered. On this form, do not include costs that would be incurred regardless of whether the BACT option is chosen. Attach a copy of the cost estimates in a format such that IDEM, OAM staff can easily reproduce the cost estimates. If the particular item is not applicable to the BACT option being evaluated, indicate "Not Applicable" (N/A) in the appropriate blanks. Add additional lines and/or copy the forms as necessary.

Source Information

Facility:		Unit ID:	
BACT Option:		Pollutant:	

TOTAL CAPITAL INVESTMENT

Total Capital Investment (TCI) is the total direct and indirect capital costs associated with implementation of a BACT option. Use Tables A and B to indicate the direct and indirect capital costs that would be incurred above the baseline project costs. Summarize the total capital costs in Table C. Attach vendor quotes and additional sheets as necessary.

A. Direct Capital Costs

Item*	Cost Estimate	Reference/Source of Cost Estimate
Purchased Equipment Costs		
1. Equipment Costs (Itemize below)		
	\$	
	\$	
	\$	
	\$	
2. Instrumentation	\$	
3. Sales Tax	\$	
4. Freight	\$	
5. Other (please specify)		
	\$	
6. Purchased Equipment Subtotal (Sum of Items 1, 2, 3, 4, and 5)	\$	

*Add lines as necessary

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A. Direct Capital Costs (continued)		
Item*	Cost Estimate	Reference/Source of Cost Estimate
Direct Installation Costs		
7. Foundations and Supports	\$	
8. Auxiliaries (duct work, fittings - include only the equipment which would not be necessary if the facility was not controlled)	\$	
9. Handling and Erection	\$	
10. Piping	\$	
11. Insulation and Painting	\$	
12. Electrical	\$	
13. Site Preparation	\$	
14. Other (please specify)		
	\$	
15. Direct Installation Costs Subtotal (Sum of Items 7, 8, 9, 10, 11, 12, 13, and 14)	\$	
16. DIRECT CAPITAL COSTS SUBTOTAL (Sum of Items 6 and 15)	\$	
Comments/Explanation		

*Add lines as necessary

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B. Indirect Installation Costs		
Item*	Cost Estimate	Reference/Source of Cost Estimate
1. Engineering and Supervision	\$	
2. Lost Production (for retrofit situations only)	\$	
3. Construction and Field Expenses	\$	
4. Contractor Fees	\$	
5. Start-up and Performance Tests	\$	
6. Over-all Contingencies	\$	
7. Working Capital (if applicable)	\$	
8. Other (please specify)		
	\$	
9. INDIRECT INSTALLATION COSTS SUBTOTAL (Sum of Items 1, 2, 3, 4, 5, 6, 7, and 8)	\$	
Comments/Explanation		

*Add lines as necessary

Facility:		Unit ID:	
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[illegible]

*Add lines as necessary

Facility:		Unit ID:	
BACT Option:		Pollutant:	

TOTAL ANNUAL COST

Total Annual Cost includes the direct and indirect costs and recovery credits associated with implementation of a BACT option. Use Tables D and E to indicate the annual costs that would be incurred above the baseline project costs. Use Table F to indicate the recovery credits that would be realized after implementation of the BACT option. Summarize the total annual costs in Table G. Attach vendor quotes and additional sheets as necessary.

D. Direct Annual Costs		
Item*	Cost Estimate	Reference/Source of Cost Estimate
1. Operating Labor (Itemize below)		
	\$	
	\$	
2. Maintenance Labor (Itemize below)		
	\$	
	\$	
3. Materials (Itemize below)		
	\$	
	\$	
4. Utilities (Itemize below)		
	\$	
	\$	
5. Waste Treatment and Disposal (Itemize below)		
	\$	
	\$	
6. Replacement Parts (Itemize below)		
	\$	
	\$	
7. Other (please specify)		
	\$	
8. DIRECT ANNUAL COSTS SUBTOTAL (Sum of Items 1, 2, 3, 4, 5, 6, and 7)		
	\$	

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Comments/Explanation (Regarding Table D)

*Add lines as necessary

E. Indirect Annual Costs		
Item*	Cost Estimate	Reference/Source of Cost Estimate
1. Overhead	\$	
2. Property Taxes, Insurance, and Administrative Charges	\$	
3. Other (please specify)		
	\$	
4. INDIRECT ANNUAL COSTS SUBTOTAL (Sum of Items 1, 2, and 3)	\$	
Comments/Explanation		

*Add lines as necessary

Facility:		Unit ID:	
BACT Option:		Pollutant:	

F. Recovery Credits		
Item*	Credit Estimate	Reference/Source of Credit Estimate
1. Materials Recovered		
	\$	
2. Energy Recovered		
	\$	
3. Other (please specify)		
	\$	
4. RECOVERY CREDITS SUBTOTAL (Sum of Items 1, 2, and 3)	\$	
Comments/Explanation		

*Add lines as necessary

G. Total Annual Cost Summary	
1. Direct Annual Costs Subtotal from Table D, Item 8	\$
2. Indirect Annual Costs Subtotal from Table E, Item 4	\$
3. Recovery Credits Subtotal from Table F, Item 4	\$
4. TOTAL ANNUAL COST SUBTOTAL (Item 1 plus Item 2 Minus Item 3)	\$

Facility:		Unit ID:	
BACT Option:		Pollutant:	

TOTAL ANNUALIZED COST SUMMARY

H. Total Annualized Cost Summary	
1. Capital Recovery Cost from Table C, Item 3	\$
2. Total Annual Cost Subtotal from Table G, Item 4	\$
3. TOTAL ANNUALIZED COST (TAC) (Sum of Items 1 and 2)	\$

I. Cost Effectiveness	
1. Baseline Emissions Rate (tons per year)	
2. Post-BACT Emissions Rate (tons per year)	
3. Total Pollutant Removed (tons per year) (Difference of Item 1 and Item 2)	
4. AVERAGE COST EFFECTIVENESS OF BACT OPTION (\$/ton of pollutant removed) (Divide Table H, Item 3 by Table I, Item 3)	
Comments/Explanation	

Attachments: List attachments in the space below.	